

Freeland Little League Preliminary Accident Report

NAME: (injured) _____ **DATE:** _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **ZIP:** _____
TEAM: _____ **MANAGER:** _____

No treatment needed _____
First Aid at field _____
To doctor _____
To hospital _____
Other _____

STRUCK BY:
1. Pitched ball _____
2. Batted ball _____
3. Thrown ball _____
4. Bat _____

COLLIDED WITH:
1. Player _____
2. Fence _____
3. Backstop _____

OTHER:
1. Tripped/Fell _____
2. Hurt Sliding _____
3. Related to existing health or medical condition _____
4. Other _____

Unsafe Conditions? Yes _____ No _____

1. Uneven field surface such as holes, humps, etc. _____
2. Foreign objects, such as glass, rakes, stones, etc. _____
3. Congestion during practice or games _____
4. Weather conditions, such as rain, sun, darkness _____
5. Lack of poor-fitting, protective equipment. _____
6. Other _____

Brief Statement of What Happened

NOTE: This form is for Little League purposes only. When an accident happens obtain as much information as possible. Send a copy of this form to the Safety Officer and he will forward it on to Little League Headquarters in Williamsport and the District Safety Officer. The reason for this form is to establish a record of all accidents for legal and safety purposes. Use this space for any additional details or useful